

EFFECTIVENESS OF FAMILY PSYCHO EDUCATION ON PRACTICE REGARDING MANAGEMENT OF SCHIZOPHRENIA AMONG PRIMARY CAREGIVERS IN SELECTED PSYCHIATRIC HOSPITAL, CHENNAI

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ABSTRACT

Mental illness is considered the misadjustment in living. It produces incoherence in the individual's capacity to address human issues comfortably or actually and work inside culture. Due to the disharmony in addressing needs the quality of life of the individual gets deteriorate. As of late wellbeing related quality of life (QOL) has been viewed as the main component of result in schizophrenia and other genuine mental disorders. This study is worried about surveying the quality of life of schizophrenic outpatients. The determinants of quality of life are ineffectively perceived in schizophrenia. However, concentrates on depended on the abstract and objective quality of life of the patients. There are such countless examinations are done to evaluate the quality of life of the schizophrenia patients. The greater part of the examinations is finished utilizing quality of life scale and positive and negative side effect rating scale and worldwide working scale. Quality of life can be indicated through various variables. **Setting and Design** This is a pre-experimental study evaluating the effectiveness of family psycho educational intervention conducted in selected psychiatric hospitals at Chennai, Tamil Nadu on 200 primary caregivers of schizophrenic patients. Ethical clearance was obtained from ethical committee of Shadithya Hospital, Chennai. **Results:** In Pre- test and post-test levels of Attitude among the experimental, It shows that In Pre Test Total 110 (58.5%) scored Unfavorable attitude in Attitude Level which decreases to 68 (36.2%) in post-Test. In Comparison of Practice score before and after psycho education the t test score was 20.9 which is statistically significant at $p < 0.05$.

Keywords: Mental illness, misadjustment, disharmony, determinants, schizophrenia

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INTRODUCTION

Schizophrenia has different principle symptoms which can be partitioned into various stages which are; Positive, Negative and Cognitive symptoms. Positive symptoms are those which can be handily distinguished and not seen in solid individuals. Such symptoms incorporate Hallucination, dream and strange engine conduct having fluctuating level of severities. This incorporate friend drove local area based self-improvement programs (Dixon et al., 2006) supplier family consultation models, shopper focused family models, and family psychotherapies (McFarlane 2009). FPE programs shift impressively: FPE might occur with only one family (individual family psychoeducation, I-FPE) or in numerous family gatherings (MFGFPE). The fundamental objective in working with families is to assist them with fostering the information and abilities instrumental in advancing the recuperation of their family part while shunning family broken etiological theories of the past" (Jewell et.al, 2009, p. 870). The center review analyzed 2 years of McFarlane model multifamily FPE (MFG-FPE) against standard consideration, tracking down impacts for backslide and negative symptoms (Dyck et al., 2002). The new publications report that the MFG-FPE condition members showed no decreases in family trouble (Resnick, Rosenheck, and Lehman (2004), critical abatement in purchaser hospitalizations with no net expansion in outpatient administrations use over the 3 years after pattern (Schooler, 2006),

REVIEW OF LITERATURE

A study directed to evaluate the hereditary elements in men with beginning stage schizophrenia in Surat. An absolute example of 40 male schizophrenia patients with clinical beginning before age 25 years were chosen. The outcomes showed that one of the parent of 12(30%) of them was schizophrenia patient. The researcher inferred that hereditary causes are significant in the etiology of schizophrenia (Mukesh Patel, 2019). A cross sectional study led to survey the burdensome and negative symptoms in schizophrenia in Malegaon, Maharashtra. A complete example of 78 was chosen. The devices utilized were Sheehan incapacity scale and quality of life scale to survey the burdensome symptoms. The negative symptoms were evaluated by utilizing Wechsler Adult Intelligence Scale. The researcher inferred that burdensome symptoms in schizophrenia are primarily an element of the degree of social change and quality of life, while negative symptoms comprise an indicator of seriousness of schizophrenia (Vinay Tiwari, 2016). A study to survey the neurodevelopmental factors associated with schizotypal symptoms among young people in danger for schizophrenia directed in Chicago. An all-out example of 114 Israeli young people were chosen in which 39 juvenile offspring of guardians with schizophrenia, 39 offspring of guardians with other psychiatric disorders, and 36 offspring of guardians without any set of experiences of mental illness. The outcomes showed that Interpersonal schizotypal symptoms were more common in the schizophrenia offspring bunch than in the no-mental-illness offspring bunch. Young adult schizotypal symptoms were associated with neurobehavioral symptoms estimated during center youth. They inferred that youngsters who had hereditary gamble for schizophrenia, minor actual abnormalities, and neurobehavioral signs together were at particularly expanded hazard for symptoms of relational schizotypal symptoms, contrasted with youngsters with one or none of these gamble factors (Hans SL, 2017).

A study led to evaluate the adequacy of a family psycho educational program on guardians of schizophrenia patients in Ranchi, Utter Pradesh. An absolute example of 110 was chosen. The investigator directed psycho education program in two meetings; one meeting with 15 minutes and another meeting with 60 minutes. The study showed that despite the fact that general there was huge expansion in information scores with respect to schizophrenia after the two meetings, the guardians who attended 1 hour meeting had high schizophrenia interview subcategory scores. The researcher inferred that adequacy of family psycho education program rely upon the time spent on the program per part (Ashutosh Mahajan, 2013).

TITLE OF THE STUDY:

Effectiveness of family Psycho education on practice regarding management of Schizophrenia among Primary caregivers in Selected Psychiatric hospital, Chennai.

OBJECTIVES

1. To assess the pretest practice on management of schizophrenia among the primary caregivers of schizophrenic patients.

METHODOLOGY

A pre experimental study evaluated the effectiveness of family psycho educational intervention which was delivered via lecture method on primary caregivers of schizophrenic patients after assessing their baseline, knowledge, attitude and practice towards management of schizophrenia. Post test was carried out after seven days of intervention. The study was conducted in selected psychiatric hospitals at Chennai, Tamil Nadu. The study participants were 200 primary care givers of schizophrenic patients. Purposive sampling technique was used to select the sample.

Table 1. Demographic characteristics of participants in item reduction part of the study

Characteristic	Frequency	Percentage
Age (year)		
20-25 years	56	28
26-30 years	100	50
31-35 years	24	12
Above 35 years	20	10
Gender		
Male	116	58
Female	84	42
Education		
Primary level	48	24
College level	78	39
Secondary level	74	37
Occupation		
Unemployed	30	15
Agriculture	60	30
Business	50	25
Self-Employment	32	16
Others	28	14
Monthly Income		
2000 ± 4000	50	25
4001 ± 6000	70	35
6001 ± 8000	40	20
8001 and above	40	20
Marital Status		
Unmarried	120	60
Married	50	25
Separate	30	15
Type of Family		
Nuclear	150	75
Joint	50	25
Length of stay with patient		
6 months-1 year	40	20
1-2 years	50	25
Above 2 years	110	55
Information Obtained about Schizophrenia		
Family Members	36	19
Neighbors	70	35
Mass Media	54	27
Health Education	40	20
Locality		
Rural	50	25
Urban	60	30
Semi-Urban	34	17
Town	56	29
Duration Of Patients		
<24	38	19
24-48	60	30
48-72	42	21
More Than 72	60	30

Table 1 Shows that Majority i.e. 100 (50%) belongs to age group between 26-30 years, followed by 56 (28%) from 20-25 years, followed by 24 (12%) belongs to age group 31-35, rest belongs to 20(10%) belongs to age

group of above 35 years. 116 (58%) were males and 84 (42%) were females. Majority 78(39%) has completed college level, followed by 74 (37%) completed Secondary level and rest 48 (24%) has completed Primary level of education. As per Occupation, Majority 60 (30%) belongs to Agriculture, followed by 50 (25%) into business, followed by 32(16%) self-employed, 30 (15%) Unemployed and 28(14%) belongs to other occupation. As Per Monthly income, Majority 70 (35%) were earning between 4001-6000, 50 (25%) between 2000-4000, rest 40 (20%) between 6000-8000 and above.

As per Marital Status majority 120 (60%) were unmarried, followed by 50 (25%) married and rest 30 (15%) were separated.

As per length of stay with patient, Majority 110 (55%) has spent more than 2 years, followed by 50 (25%) has spent 1-2 years rest 40 (20%) has spent between 6 months to 1 year.

As per Information obtained about Schizophrenia, majority 70 (35%) got it from Neighbors, followed by 54 (27%) from Mass media, 40 (20%) from Health Education and rest 36 (18%) from family members.

As per Locality, majority 60 (30%) belongs to urban area, followed by 56 (29%) belongs to town, followed by 50 (25%) belongs to Rural locality and rest 34 (17%) belongs to Semi urban locality.

As per duration of patients, 60 (30%) falls between either 24-48 or more than 72, followed by 42(21%) 48-72 and rest 38 (19%) <24.

Table 2: Pre- test and post-test levels of practices among primary care givers. N=200

Samples	Levels of expressed practices	Pre test		Post test	
		Number	Percent%	Number	Percent%
The Experimental Group n=200	Unfavorable Practices.	110	58.5	68	36.2
	Neutral	67	35.6	55	29.2
	Favorable Practices	23	11.5	77	38.5

Table 2 reveals that Pre and post-test analysis of levels practices among the experimental group revealed as; 110 (58.5%) samples had unfavourable expressed practice in pre-test and it was decreased to 68 (36.2%) in post-test; 67 (35.6%) samples were in neutral level of expressed practice and it was decreased to 55 (29.2%) in post-test, whereas in pre-test the unfavourable expressed practice showed 23 (11.5%) and it increases to 77 (38.5%) in post-test.

Table .3: Comparison of Practice score before and after psycho education

Variable	Mean	Mean Difference	SD	t value
Pre Test	42.5	14.6	21.6	20.9***
Post Test	57.1		27.1	

Note: * Significant at $p < 0.001$: NS -Not statistically significant Table value 1.96**

Table No 3 elicit that mean Practice score obtained nearly 42.5 in Pre Test and 57.1 in Post Test, The difference between Pre Test and Post Test Mean Practice score was 14.6. The calculated Pre Test SD was 21.6 and Post Test SD was 27.1. The t test score was 20.9 which is statistically significant at $p < 0.05$.

RESULTS:

In Pre- test and post-test levels of Attitude among the experimental, It shows that In Pre Test Total 110 (58.5%) scored Unfavorable attitude in Attitude Level which decreases to 68 (36.2%) in post-Test. In Comparison of Practice score before and after psycho education The t test score was 20.9 which is statistically significant at $p < 0.05$.

REFERENCES

1. Dixon, L., Lucksted, A., Stewart, B., Burland, J., Brown, C. H., Postrado, L., et al. (2006). Outcomes of the Psycho-therapy programme inset.
2. McFarlane, Dixon, Lukens, & Lucksted, *Journal of Marital and Family Therapy* 2003; 29, 223 *Principles and Practice of Psychiatric Nursing*. Sixth edition. Philadelphia: Lippincott publishers. *mental health care*, Second edition, United States: Delmar publishers.
3. Mukesh Patel (2019). Prediction of outcome from the Dartmouth assertive community treatment fidelity scale. *CNS Spectrums*, 9(12), 937–942.
4. Vinay Tiwari (2016). One-year follow-up of a multiple-family-group intervention for Chinese families of patients with schizophrenia. *Psychiatric Services*, 55(11), 1276–1284.
5. Hans SL (2017). Multifamily psychoeducation for first-episode psychosis: A effectiveness analysis. *Psychiatric Services*, 60(11), 1477–1483.
6. Ashutosh Mahajan (2013). Family interventions for schizophrenia. *Schizophrenia Bulletin*, 21(4), 631–644. Dixon, L., Lucksted, A., Stewart, B., Burland, J., Brown.
7. Jewell, Downing, & McFarlane, 2009. *Family interventions in mental illness*. Fourth edition. Philadelphia: Praeger publishers. Kailash Pande. (2018). Family interventions after acquired brain injury and other chronic conditions: A critical appraisal of the quality of evidence. *Neuro Rehabilitation*, 22(1), 19–41.
8. Dyck, Hendryx, Short, Voss, & McFarlane 2002. (pp. 133–166). Rochester: University of Rochester.
9. Resnick, Rosenheck, and Lehman (2004). An evaluation of a family psycho education program in community mental health. *Psychiatric Rehabilitation Journal*, 27(1), 18–23.
10. Schooler, 2006. Impact of multiple-family groups for outpatients with schizophrenia on caregivers' distress and resources. *Psychiatric Services*, 55(1), 35–41.